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Country programme document

Haiti

Summary

The country programme document (CPD) for Haiti is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $23,625,000 from regular resources, subject to the availability of funds, and $125,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2017 to 2021.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the first regular session of 2017.

* E/ICEF/2017/1.

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Programme rationale[1]

1. Haiti has an estimated population of 10.9 million, of which 42 per cent are under 18 and around half live in urban areas. It is a low-income country, with a gross domestic product per capita of $1,669, and it ranked 163 out of 188 countries in the 2015 Human Development Index. Six out of 10 Haitians live in monetary poverty (58.5 per cent) and 23.8 per cent are extremely poor (living on less than $1.23 a day). Nearly 70 per cent of all children under 5 years of age live in poor households.

2. Children are also severely affected by multidimensional poverty. In urban areas, 82 per cent of children experience at least one deprivation of their basic needs, while in rural areas, the rate reaches 97 per cent. The main causes for the lack of access to basic services are financial constraints within families, social inequality, the limited capacity of public institutions and insufficient social expenditure.

3. The geographic location of Haiti makes it vulnerable to natural disasters and the negative impacts of climate change. The country is exposed to multiple hazards, including earthquakes, hurricanes, floods and droughts. The recent impact of Hurricane Matthew, the cholera outbreak and the earthquake of 2010, which all required substantive national and international response, demonstrated the need to strengthen disaster risk management mechanisms, both nationally and locally.

4. Haiti has articulated its long-term vision in the Strategic Plan for the Development of Haiti to turn Haiti into an emerging country by 2030, with an emphasis on improved access to health and education.

5. Haiti has made progress towards fulfilling its international obligations concerning children and women's rights. The country submitted its periodic monitoring reports to the Committee on the Rights of the Child in 2013 and the Committee on the Elimination of Discrimination against Women in 2014. In 2014, the country also ratified the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography.

6. However, the Committee on the Rights of the Child noted that the inter-ministerial commission relating to the implementation of the Convention was not yet operational. Furthermore, Haiti has not ratified two additional protocols: on the involvement of children in armed conflict and on a communications procedure. The Committee on the Elimination of Discrimination against Women recognized government efforts to establish an inter-ministerial coordination mechanism, but noted that the national gender equality policy and related action plan were not adequately funded.

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[1] Sources for data in this section: Insitut Haïtien de Statistique et d'Informatique, Enquête sur les Conditions de Vie des Ménages Après Séisme (2012); United Nations Children's Fund, *The State of the World's Children 2016*; United Nations Inter-agency Group for Child Mortality Estimation, "Levels and trends in child mortality report 2015"; Ministère de la Santé Publique et de la Population, Enquête sur la Mortalité, la Morbidité et l'Utilisation des Services V (2012); Centers for Disease Control and Prevention, Violence Against Children Survey 2012; Pan American Health Organization/World Health Organization, Interactive atlas of cholera outbreak in Hispaniola, 2010-2016.

7. Despite overall improvements in the situation of children over the past few years, progress has been slow and distributed unequally. Deep inequalities and exclusion, due to where children live, their sex or their socioeconomic status, are still preventing many children from getting a fair start in life.

8. Infant and under-five mortality rates have decreased since 1990 by 49 and 52 per cent, respectively. However, Haiti continues to have the highest infant mortality rate (52 deaths per 1,000 live births) of all the countries in Latin America and the Caribbean. Around half of all infant deaths occur in the first 28 days of life, most from preventable causes, including obstetric and neonatal complications, such as sepsis, asphyxia or preterm birth complications. Key bottlenecks contributing to such early deaths include the lack of qualified staff and insufficient emergency supplies for newborns.

9. Maternal mortality was reduced by 43 per cent between 1990 and 2015, from 630 to 359 deaths per 100,000 live births. Still, 63 per cent of births in Haiti are not assisted by a skilled attendant and only 36 per cent take place in a health facility.

10. The nutritional status of children under 5 year of age remains critical, especially after several natural disasters. Chronic malnutrition affects 22 per cent of children, and 11 per cent are considered underweight. Infant and young child feeding practices are poor, with 40 per cent of children up to the age of 6 months receiving exclusive breastfeeding and only 14 per cent of children 6 to 23 months receiving the minimum acceptable diet for their age. Anaemia affects 65 per cent of children under 5 years of age and 49 per cent of women of reproductive age.

11. The prevalence of HIV/AIDS among the population has remained stable at 2.2 per cent since 2006. However, AIDS is the main cause of adolescent deaths in Haiti. Girls and young women are the most affected, with a rate of 2.7 per cent against 1.7 per cent for boys and young men. Although almost all adolescents have heard of HIV/AIDS, only around one third have comprehensive knowledge of how to protect themselves.

12. Forty-two per cent of Haitians do not have access to improved water sources, with 52 per cent in rural areas and 35 per cent in urban areas lacking access. In urban areas, 72 per cent do not use improved sanitation facilities; in rural areas, the rate is 81 per cent. Open defecation is still practised by 19 per cent of the population and only 35 per cent of households have access to a functional handwashing point with water and soap.

13. Low levels of access to safe water and sanitation increase the risk of waterborne diseases, particularly cholera. Since 2010, more than 750,000 people have been infected with cholera in Haiti, and the disease has caused more than 9,000 deaths. The impact of Hurricane Mathew highlights the continued risk of cholera infection in the country.

14. Promising progress has been made in primary school attendance and gender parity. However, profound inequities still exist in spite of government efforts to ensure universal primary education. Primary net attendance is lower in rural areas (73 per cent) than in urban areas (86 per cent) and significantly lower in some departments, including Artibonite (70 per cent). Only 66 per cent of children from the poorest households attend primary school against 92 per cent from the richest.

These disparities can be explained by the fact that schools are largely privately run on a fee-based system (80 per cent).

15. Participation in preschool increases the chances that children will complete basic education. One in five children of preschool age does not attend school and 18 per cent of children 6 to 11 years of age do not attend primary school. Of children who drop out of primary school, 8 out of 10 were overage because they entered school late or had to repeat several grades.

16. The Haitian education system faces challenges in terms of quality, a problem that affects the poorest communities the most. Many teachers lack qualifications and basic competencies. The most qualified teachers are usually placed in urban areas rather than in rural settings, as no incentives are provided for teachers to serve in remote areas.

17. Haiti is still tackling the need to restore and strengthen its systems for ensuring and enabling a protective environment for children, with one in four children living separately from their parents. Over 700 unregulated residential care facilities operate in the country, hosting an estimated 30,000 children, 80 per cent of whom are not orphans. With the births of 2 out of 10 children unregistered, many children are at risk of being denied access to basic social services and protection.

18. The exposure of children to violence and abuse, including corporal punishment and gender-based violence, is a substantial problem. One in four women and one in five men are victims of sexual abuse before 18 years of age. Eighty-five per cent of children 2 to 14 years of age are victims of violent discipline at home, 79 per cent are victims of corporal punishment and 16 per cent suffer from extreme corporal punishment.

19. Key lessons from the 2012-2016 country programme include the need to enhance coordination between national- and subnational-level work to ensure that results obtained at the local level are financially and institutionally sustainable. In the case of emergencies, UNICEF has been instrumental in targeting the needs of the most vulnerable populations and aligning its initiatives to national priorities. However, a disconnect between national and subnational bodies, on the one hand, and local structures, on the other, jeopardizes the sustainability of results in the long run. The strengthening of national and subnational institutional capacity, along with the implementation of local-level strategies, may put the programme in a better position to ensure continuous and sustainable results.

Programme priorities and partnerships

20. The 2017-2021 country programme for Haiti will target the most excluded and disadvantaged children to ensure their survival, development, participation and protection. To this end, UNICEF will focus on programmatic and geographic areas of convergence between the needs of the most deprived children and several sectoral programme components.

21. In support of the Strategic Plan for the Development of Haiti, the country programme will help the Government to address key bottlenecks that impede the realization of children's rights. It will directly contribute to outcomes in the 2017-

2021 United Nations Sustainable Development Framework (UNSDF) and the 2030 Agenda for Sustainable Development.

22. A gender-focused review of the previous country programme identified priorities and strategies for achieving gender equality and women's empowerment in the period 2017-2021. While gender will be mainstreamed in the country programme, targeted gender priorities include gender-based violence in families and communities, HIV prevention and adolescent empowerment.

23. UNICEF will continue its efforts to coordinate with national stakeholders to ensure that government programmes and activities are focused on gender and equity. Since the multiple deprivations affecting the most excluded children tend to have common barriers and bottlenecks, the programme will have a multisectoral approach.

24. The programme will build on six mutually reinforcing approaches: (a) a greater emphasis on multisectoral convergence in priority departments, including several affected by natural disasters and cholera, in particular frontier communities; (b) an integrated, environmentally friendly approach, such as the combination of water, sanitation and hygiene (WASH) interventions and efforts in cholera elimination to enhance the continuum between humanitarian and development activities; (c) the integration of HIV/AIDS interventions across the programme; (d) the mainstreaming of gender and adolescent programming, with a particular emphasis on addressing violence against women and children as well as HIV prevention; (e) the inclusion of risk mitigation, emergency preparedness and response in each country programme component; and (f) an integrated approach for social and child protection in order to reach the most excluded children.

25. South-South and horizontal cooperation with countries in Latin America and the Caribbean and other regions will be promoted, especially with regard to juvenile justice, violence prevention, the deinstitutionalization of children and birth registration.

Health

26. The programme will focus on health system strengthening by supporting the development of policy documents, standards, strategies and action plans. Advocacy for the effective allocation of resources in the health sector will be based on data and evidence from surveys; improved routine administrative systems; and the analysis of regular bottlenecks and barriers. In close collaboration with the World Health Organization (WHO), UNICEF will ensure that children's health is reflected in the country's emergency preparedness and response plans. UNICEF will advocate for systematic birth registration at all health centres and for the adoption and promulgation of a law guaranteeing adolescents access to HIV prevention and reproductive health services.

27. UNICEF will support the provision of equitable immunization services through the Reach Every District approach in 70 communes with low coverage. In synergy with nutrition, WASH, education and child protection, support will be provided for the delivery of maternal, newborn and child healthcare (MNCH) and the prevention of mother-to-child transmission of HIV in the most disadvantaged areas. Care for children and adolescents affected by violence will be strengthened,

including by the registration of child abuse in health facilities, together with the provision of a comprehensive package of HIV services for adolescents, including those living with HIV.

28. The programme will support the strengthening of the capacity of health workers and department health authorities to provide integrated service delivery and supply chain management, including in emergencies. The programme is aimed at achieving a 100-per cent renewable-energy cold chain for the Expanded Programme on Immunization (EPI) by 2021.

29. Community mobilization, participation and engagement in the promotion of conducive social norms will be achieved through alliances with civil society organizations, media professionals and religious, traditional and other community leaders to promote MNCH, using innovative approaches for optimal information dissemination.

30. UNICEF will maintain its collaboration with WHO as the lead agency for the development of health policies, guidelines and tools as well as disease surveillance, with the United Nations Population Fund taking the lead in the strengthening of professional resources for adolescent and maternal health and the Joint United Nations Programme on HIV/AIDS spearheading the coordination of HIV programming.

Nutrition

31. Within the context of the Scaling Up Nutrition initiative, UNICEF will provide technical support to reinforce the leadership and coordination capacity of the Coordination Unit of the National Programme for Food and Nutrition in the multisectoral response to acute malnutrition, including the mobilization of national financial resources, the generation of evidence to inform nutrition programming and the mainstreaming of the nutrition information system, stakeholder mapping and surveys, namely, Standardized Monitoring and Assessment of Relief and Transitions (SMART) and knowledge, attitude and practices (KAP).

32. UNICEF will ensure that nutrition efforts prioritize the 1,000-day window of opportunity from conception to 2 years of age, with children during this period of their lives benefiting from nutrition-specific interventions to improve nutrition and development, including the prevention and control of micronutrient deficiencies and adequate infant and young child care and feeding practices. Other nutrition-sensitive multisectoral approaches will also be emphasized, including early child development; women's empowerment, schooling, health and family planning services; social safety nets; maternal mental health; child protection; and WASH.

33. UNICEF will ensure that health facilities and community stakeholders in communes most affected by malnutrition have the capacity to provide pregnant and lactating women and children under 5 years of age with a package of quality, cost-effective nutrition services. UNICEF will provide technical support for the use of the red card strategy developed by the Coordination Unit in communes most affected by malnutrition and will strengthen the supply chain management of essential nutrition supplies.

34. For the promotion of better feeding and care practices by caretakers and the improved uptake of preventive and curative nutrition services, UNICEF will focus

on behaviour change through community sensitization and caregiver counselling, including the promotion of optimal infant and young child feeding and other essential nutrition practices for children.

Water, sanitation and hygiene

35. UNICEF will ensure that the National Water and Sanitation Authority (Direction Nationale de l'Eau Potable et de l'Assainissement) and implementing partners develop child-sensitive WASH strategies, operational plans and monitoring tools. The programme will support capacity-building for the Government and various stakeholders. UNICEF will advocate for an increased budget allocation to the sector and the continuation of the reform process as well as the development of public-private partnerships.

36. UNICEF will assist in increasing WASH coverage and strengthening sustainable management systems in 15 cholera-persistent communes with low access to services, in synergy with the health, nutrition and education components. Lessons learned from ongoing programmes will serve to strengthen the links among national, regional, municipal and community systems and to develop models for scale-up.

37. To ensure that women, children and their families are aware of the importance of stopping open defecation and of critical moments for handwashing with soap, UNICEF, together with partners, will implement a comprehensive behavioural change strategy encompassing social mobilization and community participation and engagement, which will also contribute to the elimination of cholera. This initiative will be carried out in parallel with the development of water and sanitation infrastructure.

38. To ensure that the National Water and Sanitation Authority and its partners have the capacity to respond in a coordinated and effective manner to cholera and other emergencies, UNICEF will strengthen chlorination systems and water treatment facilities. These initiatives will enable UNICEF to respond quickly during crises as well as mitigate environmental damage and strengthen the resilience of communities. The response of UNICEF to emergency needs will be in line with the Core Commitments for Children in Humanitarian Action.

39. UNICEF will develop strategic partnerships through the Water and Sanitation for All partnership, including by providing support to a sector-wide approach to ensure harmonization and complementarity among key actors. Government coordination and information systems will be an integral component of effective sector management.

Basic education

40. UNICEF will support access to free education and quality learning at the right age for all children, regardless of their socioeconomic characteristics, with special attention to the most disadvantaged, i.e., those in rural areas, the disabled and children with learning difficulties. The programme will support the implementation of government policies so that children enter the system at the right age, stay in school, learn and finish the full six years of the basic education cycle.

41. The programme will prioritize school readiness, access and retention, with such initiatives as support to back-to-school campaigns with a door-to-door system to register out-of-school children, with special attention to cross-border issues. Parental education to promote community support to children's education will encourage timely school enrolment and help to stop the practice of corporal punishment. School materials will be provided to new entrants to reduce indirect family education expenses. The participatory management of schools in collaboration with local authorities will promote enrolment. Work with preschools will aim at ensuring the transition to primary grades at the right age.

42. In primary schools, UNICEF will promote a quality learning environment in the first three grades by strengthening reading, writing and mathematics practices, increasing the pedagogical skills of teachers and inspectors, supporting teacher certification, introducing an early-warning system for student absenteeism and supporting the creation of student clubs to stimulate good practices. To respond to the needs of overage children, the programme will contribute to the implementation of alternative learning modalities and adapted curricula for overaged adolescents and disabled children.

43. UNICEF will continue to generate evidence and analysis relating to out-of-school children and violence in schools to facilitate decision-making. It will support the development of new education plans and strengthen administrative data systems, analysis and planning at the departmental level. UNICEF will also engage in dialogue and advocacy for better coordination among different actors, including children.

Child protection

44. In order to reduce the incidence of violence against and the abuse, neglect and exploitation of children, UNICEF will continue to provide support to the decentralization of critical child protection services, including within the national agency mandated with child protection, the Institute for Social Welfare and Research (Institut du Bien-être Social et de Recherches). It will support capacity-building to support the agency in leading the development and implementation of intersectoral protocols for the reporting and management of child abuse, with specific attention to gender-based violence in childhood, at the national and departmental levels. The programme will contribute to the adoption of laws reforming the Institute and the child protection code and reinforce policy, regulatory and budgetary frameworks and sector coordination. In addition, national alternative care standards through family-based care will be promoted.

45. A convergent approach with other programme components will be implemented to reduce the incidence of certain forms of violence against children. Families and children most at risk will be identified through harmonized cross-sectoral vulnerability assessments. Social norms that perpetuate violence, including sexual and gender-based violence, will be addressed through social dialogue. Community and parental practices to protect and nurture children will be promoted. Social workers will be trained in initiatives aimed at increasing access to quality social services for vulnerable children and communities, with a focus on female-headed households and children most at risk.

46. UNICEF will support the governmental deinstitutionalization process in order to limit the number of children placed in institutions. The main strategies will be the prevention of family separation, support to families in their child-rearing responsibilities, the development of alternative care mechanisms and a transition from residential towards family-based care. Addressing child domestic work will also be a priority, both by preventing placement and by ensuring that services are available to withdraw children from situations of labour.

47. The focus on juvenile justice will be aimed at reducing the rate of prolonged pretrial detention of minors and enhancing social work for children in conflict with the law by supporting preventive intervention and the social reinsertion of children as well as by strengthening police- and justice-sector capacities, including through the creation of juvenile courts, legal assistance and the appointment of specialized judges.

48. UNICEF will strengthen community-based child protection dynamics and mechanisms in target areas. A national communications platform, designed in close collaboration with relevant ministries, will include parental education focused on increasing understanding of the protective role of duty bearers and the impact of violence as well as building protective child-rearing capacities among adults. Life skills among children and adolescents will be developed through peer education, male socialization models and social dialogue, including through such locally relevant approaches as theatre and the arts.

49. Supply-related bottlenecks for birth registration will be reduced through support to enhancing the institutional framework, the improvement of supply chains, community outreach and improved integration within the health system. The use of mobile technology for improved service delivery and the monitoring of birth registration will be tested.

50. Forming strategic alliances with social protection programmes or microfinance actors to ensure the inclusion of child protection targeting criteria in assessments will help to address challenging socioeconomic conditions, a major driver of family separation. Building upon donor support to the development of an integrated case management system, UNICEF will advocate and provide assistance for child protection data collection and management to be mainstreamed into relevant existing sectoral routine information systems.

Programme effectiveness

51. In support of the five programmatic components, this component will ensure efficient and effective programme management, including in emergency situations. It will also aim at ensuring effective coordination and convergence between the programme components; managing external relations and institutional communications; undertaking programme monitoring and evaluation; and promoting gender mainstreaming.

52. Support will be provided to programme components to strengthen statistical capacities and the regular production of evidence, including on child poverty. At the local level, particularly in priority departments, improved data will allow for the identification and follow-up of excluded children and their families. Moreover, the programme will support the monitoring of social expenditures for children, with a view to improving the effectiveness, efficiency, equity, transparency and sustainability of social expenditures.

53. In emergency situations, UNICEF will play a lead role in support to the Ministry of Health, the National Water and Sanitation Authority, the Institute for Social Welfare and Research and the Ministry of Education. It will support the case management of integrated acute malnutrition and foster convergence among nutrition, health, WASH and social protection components to ensure a timely response. Strategies will be based on the promotion of disaster risk reduction at the school level, including a focus on climate change issues and acute crisis response to avoid school interruptions.

Summary budget table

	(In thousands of United States dollars)		
Programme component	*Regular resources*	*Other resources*	*Total*
Health	4 000	22 500	26 500
Nutrition	2 250	15 000	17 250
Water, sanitation and hygiene	1 750	50 000	51 750
Basic education	3 500	15 000	18 500
Child protection	1 750	10 000	11 750
Programme effectiveness	10 375	12 500	22 875
Total	**23 625**	**125 000**	**148 625**

Programme and risk management

54. This CPD outlines UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

55. The country programme, which will be coordinated by the Ministry of Planning and External Cooperation, is consistent with the Strategic Plan for the Development of Haiti, the UNSDF and the Sustainable Development Goals, promoting good governance and social cohesion and increased equity and access by the most vulnerable population to basic social services and social protection.

56. Three key programme risks are the continuing decline of aid resources as a result of evolving donor priorities; the limited capacity of partners for results-based management and reporting; and the disaster-prone nature of the country. These risks will be mitigated by the expansion of programme partnerships as well as the reinforcement of government capacities in the planning, monitoring and evaluation of social policies and programmes as well as in disaster risk reduction and emergency preparedness and response.

57. UNICEF will enhance the quality, efficiency and effectiveness of the programme by strengthening the emphasis on management for results and the monitoring of programmatic and operational indicators in work plans. These efforts

will be monitored frequently, enabling the early detection and mitigation of any potential delays in implementation. To manage financial and programme risks with implementing partners, UNICEF will maintain full compliance with the Harmonized Approach to Cash Transfer Framework with other United Nations agencies.

58. UNICEF will continue to operate with a country office in Port-au-Prince. Out-posted presence in selected parts of the country will enhance programmatic convergence and joint United Nations programming.

Monitoring and evaluation

59. Overall country programme results will be monitored on the basis of the results and resources framework and the costed evaluation plan. The means of verification will include household surveys, census results and administrative data as well as human rights monitoring reports (e.g., reports on the implementation of the observations of the Committee on the Rights of the Child and the Committee on the Elimination of All Forms of Discrimination against Women and on progress towards achieving the Sustainable Development Goals). Institutional capacities will be strengthened to progressively mainstream gender into key programme areas, as identified by the gender review.

60. To monitor the removal of prioritized bottlenecks that prevent children from accessing their rights, annual reviews will regularly track progress towards programme outputs, identify constraints and lessons learned and recommend necessary adjustments. Particular attention will be given to monitoring such mainstreamed areas as gender and adolescents.

61. Given its alignment with the UNSDF, the programme will rely on the monitoring and evaluation framework of the UNSDF and national monitoring and evaluation mechanisms, and will complement existing administrative data management systems at the national and local levels. In targeted convergent communes, a strengthened data management system will be supported to provide real-time monitoring of families' vulnerabilities as well as progress on removing bottlenecks and barriers.

62. UNICEF will work with the Haitian Institute of Statistics and Information Technology (Institut Haïtien de Statistique et d'Informatique) and other relevant institutions to strengthen the national capacity to monitor the situation of children and women and track inequities and vulnerabilities. A national demographic and health survey on mortality, morbidity and the use of services (Enquête sur la Mortalité, la Morbidité et l'Utilisation des Services VI), will provide the baseline data for the country programme and for reporting on progress towards the Sustainable Development Goals.

63. Innovative initiatives will be applied to enhance the monitoring of the situation of children, which will be thoroughly documented to effectively guide the continued improvement of strategies and approaches.

Annex

Results and resources framework

Haiti-UNICEF country programme of cooperation, 2017-2021

Convention on the Rights of the Child: Articles 3, 6-13, 15, 18-26, 28-29, 31-32, 34, 36-37 and 39-40.

National priorities: Strategic Plan for the Development of Haiti: 1. Territory rebuilding: 1.8 Increase safe water and sanitation facilities; 3. Social rebuilding: 3.2 Increase access to preschool, primary and secondary education, 3.3 Increase access to health services, 3.9 Ensure gender equality; 4. Institutional rebuilding: 4.1 Revise legal framework, 4.5 Decentralize, 4.6 Reinforce civil society, 4.7 Reinforce justice and security administration.

Sustainable Development Goals: 1-6, 8, 10 and 16-17

United Nations Sustainable Development Framework (UNSDF) outcomes involving UNICEF: Outcome 2: The population, particularly vulnerable groups, have better and more equitable access to and use of quality social services, including education and health for all. Outcome 3: Public institutions adopt and implement equity policies and preventive, recovery and protection measures against violence and discrimination based on human rights, for the benefit of vulnerable groups.

Related UNICEF Strategic Plan outcome(s): Health; HIV/AIDS; water, sanitation and hygiene (WASH); Nutrition; Education; Child protection; Social inclusion

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
1. By the end of 2021, pregnant women, newborns, children and adolescents utilize health services aimed at high-impact interventions and quality care that promote healthy behaviours	Percentage of live births attended by skilled health personnel (doctor, nurse, midwife or auxiliary midwife) B: 36% T: 50%	Survey on mortality, morbidity and the use of services (Enquête sur la Mortalité, la Morbidité et l'Utilisation des Services (EMMUS) VI), National Health Information System (Système d'Information Sanitaire National Unique (SISNU)	The Ministry of Health and its decentralized entities have tools for evidence-based maternal, neonatal and child health care and for the facilitation of access to adolescent services, including in emergency situations. An integrated package of quality health services is available for newborns, children and women, especially the most disadvantaged, in targeted communes.	Ministry of Public Health and Population Ministry of Youth and Sports Central and local government and administrative authorities United Nations agencies	4 000	22 500	26 500

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	Percentage of children < 1 year receiving measles-containing vaccine at the national level B: 38% (2012) T: TBD in 2017	EMMUS-VI, SISNU, Expanded Programme on Immunization reports	Caregivers of children in targeted communes are aware of key practices in health care and available services	Non-governmental organizations (NGOs) Civil society and communities			
	Percentage of young women and men (15-24 years) having comprehensive knowledge about HIV and AIDS B: Women: 35% (2012) Men: 28% (2012) T: Women: 50% Men: 50%	EMMUS-VI					
2. By the end of 2021, children, women and their families in rural and urban environments use equitable and sustainable improved WASH services, contributing to the reduction of cholera incidence in Haiti	Percentage of population using an improved water source in rural and urban areas B Rural: 48% (2015) Urban: 65% (2015) T: Rural: 56% Urban: 71%	World Health Organization/UNICEF Joint Monitoring Programme for Water Supply and Sanitation (JMP), EMMUS-VI, water point mapping report, 2016	National Water and Sanitation Authority (Direction Nationale de l'Eau Potable et de l'Assainissement (DINEPA)) and partners have appropriate policies, strategies, plans, budgets and WASH monitoring tools Children, women and their families in 15 rural and urban cholera-prone communes have access to sustainable improved water and sanitation services Women, children and their families in 15 rural cholera-prone communes know the importance of stopping open defecation and the critical moments to wash their hands with soap	DINEPA Ministry of Public Health and Population Ministry of Finance Ministry of Education United Nations agencies NGOs Civil society and communities	1 750	50 000	51 750
	Percentage of the population practising open defecation in rural and urban areas B Rural: 35% (2015) Urban: 8% (2015) T: Rural: 15% Urban: 2%	JMP, EMMUS-VI					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	Percentage of households with handwashing with soap and water in rural and urban areas B: Rural: 28% (2012) Urban: 44% (2012) T: Rural: 48% Urban: 60%	EMMUS-VI	L: NEPA and its partners have increased capacity to effectively respond, in a coordinated manner, to WASH-related emergencies, including cholera.				
	Incidence rate of cholera B: 0.5% T: 0.1%	Epidemiology, Laboratory and Research Directorate					
3. By the end of 2021, pregnant and lactating women, and boys and girls under the age of 5, most affected by acute and chronic malnutrition have equitable access to an essential and quality package of integrated nutrition services.	Percentage of children (6-59 months) covered with two annual doses of vitamin A supplements B: 44% (2012) T: 60%	EMMUS-VI, National campaign report	Institutions in charge of nutrition have the tools and knowledge to define a nutrition policy and to ensure coordinated and integrated nutrition interventions, including in emergency situations. Health institutions and community structures in 22 communes most affected by malnutrition have the tools to provide pregnant and lactating women and children under 5 years of age with an essential and quality package of preventive interventions and to manage severe acute malnutrition. Pregnant and lactating women and caregivers of children under 5 years of age in 22 communes most affected by malnutrition know appropriate feeding practices.	Ministry of Public Health and Population Ministry of Planning and External Cooperation United Nations agencies NGOs Civil society and communities	2 250	15 000	17 250
	Percentage of children (0-5 months) who are exclusively breastfed B: 40% (2012) T: 60%	EMMUS-VI					
	Percentage of pregnant women receiving iron and folic acid for at least 90 days B: 30% (2012) T: 50%	EMMUS-VI, SISNU					
	Percentage of children suffering from chronic malnutrition B: 22% (2012) T: 18%	EMMUS-VI					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
4. By the end of 2021, girls and boys are integrated into an inclusive and quality education system	Number of out-of-school girls and boys (6-14 years) B: 321,947 (2015) T: < 220,000	Study on out-of-school children, EMMUS VI	School personnel and communities in selected communes within five targeted departments have improved capacity to ensure access to preschool and the first cycle of basic education at the right age, particularly for excluded children. Public schools in the selected communes within five targeted departments are equipped to facilitate learning and completion for girls and boys in preschool and primary schools. The Ministry of Education at the central and local levels has improved capacity to identify and address bottlenecks that impede children's access to the education system, especially for out-of-school and overage children, including in emergency situations.	Ministry of Education Ministry of Social Affairs Official training institutes United Nations agencies NGOs Civil society and communities	3 500	15 000	18 500
	Mean score in 4th grade in reading B: 40 T: > 60	Sample studies and national evaluations					
5. By the end of 2021, children most exposed to the risk of violence have access to quality prevention and response services and to protective practices at the family and community levels.	Percentage of children in prolonged pretrial detention among children in conflict with the law B: 73% T: 40 %	Data from juvenile courts and the prison authority	The government at the national, departmental and local levels is equipped with intersectoral tools, processes and resources in order to prevent and addresses violence, abuse and neglect, including in emergency situations. Social services providers (social welfare, justice, security, education and health), in collaboration with civil society and community leaders, in targeted departments have the capacity to prevent and report violence against and the	Ministry of Social Affairs, Social Welfare Division Ministry of Justice Ministry of the Interior, Prison Administration Division United Nations agencies NGOs	1 750	10 000	11 750
	Number of children (0-17 years) living in residential care B: 32 000 T: 25 000	Residential care surveys, Institute for Social Welfare and Research (Institut du Bien-être Social et de Recherches (IBESR)					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	Number of children (0-17 years) without parental care placed in formal foster care B: 11 T: 500	Foster care placement decisions, IBESR	abuse and exploitation of children and to detect, refer and care for child victims of violence, abuse and exploitation. Communities, parents, children and adolescents understand the benefits of protecting children from violence, and demonstrate increased capacities to do so, including during early childhood. Civil registry services in targeted areas are able to register declared births accordingly to national standards and in coordination with health services.	Civil society and communities			
6. The country programme is efficiently designed, coordinated, managed and supported to meet quality programming standards in achieving results for children, including in emergency situations.	Percentage of outcomes and outputs of the country programme document that are annually reported as either on-track or achieved B: 0% (2017) T: 100% (2021)	Annual report	UNICEF and partners are provided with guidance, tools and resources to effectively manage the country programme, including in emergency situations. UNICEF and partners are provided with guidance, tools and resources to effectively monitor and evaluate the country programme and the situation of children, including in emergency situations. UNICEF and partners are provided with tools, guidance and resources for the design and implementation of social policies. UNICEF and partners are provided with tools, guidance and resources for effective advocacy and partnerships on child rights.	Ministry of Planning and External Cooperation Ministry of Economy and Finance Civil society NGOs United Nations agencies	10 375	12 500	22 875
	Percentage of evaluation recommendations implemented, closed and reported within 12 months of uploading B: 54% T: 100%	Annual report					
	Percentage of joint initiatives in the framework of the UNSDF B: none T: 4%	Annual reports, UNSDF annual reports					
Total resources					**23 625**	**125 000**	**148 625**